

Statement of Matthew Pagano, D.C.

on behalf of the

Connecticut Chiropractic Association

before the

Committee on Public Health

SB 90

February 6, 2009

Senator Harris and Representative Ritter and Distinguished Members of the Committee:

My name is Matt Pagano. I am a practicing chiropractor in Winsted CT and the immediate past-president of the Connecticut Chiropractic Association. I am testifying on their behalf today in opposition to ***SB 90, AN ACT REQUIRING CHIROPRACTORS TO OBTAIN INFORMED WRITTEN CONSENT FROM A PATIENT PRIOR TO PERFORMING CERTAIN PROCEDURES INVOLVING TREATMENT OF THE CERVICAL SPINE.***

While it is appropriate for this body to concern itself with issues of public safety and the treatment rendered by health care providers in the state of Connecticut, I feel that this proposal is misdirected at a profession which has an exemplary safety record.

Any dispassionate discussion of written informed consent as it pertains to a certain procedure should necessarily include a discussion of the risks associated with that procedure and how that risk compares with other procedures across the health care spectrum. The inference this bill makes is that there is excessive risk with Chiropractic treatment as a whole, or specifically, with manipulations, our chief therapeutic intervention. There is no scientific data to support such assertions. Moreover, the risk of an adverse consequence from a spinal manipulation is much ***less*** than for a comparable surgical procedure of the neck or spine. Yet, this bill does not require informed consent for those procedures.

The current literature states that a patient with neck pain is at no greater risk of stroke in the chiropractor's office than if they presented to their medical internist. Prior to that data, previous studies that explored the incidence of stroke proximate to a visit to a chiropractor put the risk at approximately 1 in 3 million patient encounters. A far more common, widely utilized intervention for neck pain is NSAIDs. For an individual who uses NSAIDS at the labeled dose for greater than 3 consecutive months, the risk of death from a spontaneous gastrointestinal bleed is 400 in 100000. If that degree of risk is acceptable to the pharmaceutical industry, the FDA, and various state and federal licensing bodies without the use of mandated written informed consent, one might understand why the Connecticut Chiropractic Associate feels that mandating written informed consent as it applies to this procedure, one that might be the safest intervention of all is perplexing.

In prior years I have previously heard testimony before this committee from obstetricians and anesthesiologists who reference malpractice premiums in excess of \$120,000 per year. The average malpractice premium for a practicing chiropractor in this state is \$3000 per year. If our method of treatment was inherently high risk one would assume our malpractice rates would be correspondingly high.

Another important point to understand is that the performance of cervical manipulation is not exclusive to chiropractic. Other physician level health care providers including MDs, Osteopaths, and Naturopaths all have spinal manipulation within their scope of practice. Non physician level providers such as physical therapists manipulate the spine in the course of providing their treatment. Why are they not included in this bill?

In summary, we do not oppose the concept of written informed consent. Such a practice is in the best interest of the patient and I assure you that our association's written protocol is to encourage our members to utilize patient consent. The question of informed consent must be had in a context however. If we are here today to discuss relative risk to the patient, then any procedure in the delivery of health care today by any profession that has a higher risk established in the literature than spinal manipulation should also require written informed consent.

Thank you for giving me the opportunity to testify today. I would be pleased to answer any questions you might have. I would also point out that the research referenced above is provided as an addendum in my testimony.

Risk of Vertebrobasilar Stroke and Chiropractic Care: Results of a Population-Based Case-Control and Case-Crossover Study.

Supplementary Research Studies

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Abstract:

Study Design. Population-based, case-control and case-crossover study.

Objective. To investigate associations between chiropractic visits and vertebrobasilar artery (VBA) stroke and to contrast this with primary care physician (PCP) visits and VBA stroke.

Summary of Background Data. Chiropractic care is popular for neck pain and headache, but may increase the risk for VBA dissection and stroke. Neck pain and headache are common symptoms of VBA dissection, which commonly precedes VBA stroke.

Methods. Cases included eligible incident VBA strokes admitted to Ontario hospitals from April 1, 1993 to March 31, 2002. Four controls were age and gender matched to each case. Case and control exposures to chiropractors and PCPs were determined from health billing records in the year before the stroke date. In the case-crossover analysis, cases acted as their own controls.

Results. There were 818 VBA strokes hospitalized in a population of more than 100 million person-years. In those aged <45 years, cases were about three times more likely to see a chiropractor or a PCP before their stroke than controls. Results were similar in the case control and case crossover analyses. There was no increased association between chiropractic visits and VBA stroke in those older than 45 years. Positive associations were found between PCP visits and VBA stroke in all age groups. Practitioner visits billed for headache and neck complaints were highly associated with subsequent VBA stroke.

Conclusion. VBA stroke is a very rare event in the population. The increased risks of VBA stroke associated with chiropractic and PCP visits is likely due to patients with headache and neck pain from VBA dissection seeking care before their stroke. We found no evidence of excess risk of VBA stroke associated chiropractic care compared to primary care.

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